



Student Application for Work Placement

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The following information provided by students and teachers is used solely for the purpose of coordinating structured work placement. It will be stored securely and will only be disclosed for the purpose for which it is collected.

Student Name: School:

Class: From ___/___/___ To ___/___/___

What mode of transport will you be using to & from the placement?

Do you have current employment? Yes: No:

If yes, where?.....

STUDENT WORK PLACEMENT HOST EMPLOYER PREFERENCES

Employer Name: 1.....

Contact Person: Phone No:

Employer Name: 2.....

Contact Person: Phone No:

Employer Name: 3.....

Contact Person: Phone No:

.....
Signature of student

.....
Date

TEACHER'S COMMENTS & RECOMMENDATIONS – MANDATORY COMPLETION

Please rate this student against the skills checklist below by ticking the appropriate box. RTO's may need to liaise with the school VET Coordinator to assist with completion. If the student has any 'special needs' please provide this information on the lined section underneath. **This is a mandatory section for completion - You must complete this skills checklist section.**

Is the student considered work ready Yes No

If No: Please state Why and give recommendation as to alternative date for placement.....

Has the student completed Go2Workplacement Yes No

Skill	Poor	Avg.	Good	Exc.	Skill	Poor	Avg.	Good	Exc.
Attitude to VET Course:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conduct:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative Displayed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reliability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to Safety:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Team Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs/General Comments:.....
.....
.....

Signature of Teacher or school delegate: Date: